



PUBLIC HEALTH BYTES

www.publichealthbytes.org

Henrico Health Department's Newsletter

Working in partnership
with the citizens of
Henrico County to create
the conditions for health.

November
2007

Volume 3

Issue 11

Communicable Diseases

Meningococcal disease: The recent meningococemia case highlights the need to be vigilant about this serious illness. Lab testing confirmed *Neisseria meningitidis* serogroup B. **Virginia disease reporting requirements mandate that a suspected or confirmed diagnosis of meningococcal disease be reported to the health department within 24 hours by the most rapid means available.** Health department staff are available 24/7, via our statewide answering service (866-531-3068), to take reports and provide assistance. *N. meningitidis* commonly colonizes the nasopharynx, yet invasive meningococcal disease is rare in the US with a yearly incidence rate of 0.5-1.1 cases per 100,000 population (approximately 2500 cases per year). In the US, infection with serogroups B, C and Y are most common. Two vaccines (Menomune[®] and Menactra[®]) are marketed for the prevention of meningococcal disease—both contain antigens against serogroups A, C, Y and W-135, but neither covers serogroup B. Chemoprophylaxis is indicated for close contacts of the case patient. Close contacts include (1) household contacts, (2) childcare center contacts and (3) anyone directly exposed to the case patient's oral secretions (i.e. through kissing, mouth-to-mouth resuscitation, endotracheal (ET) intubation or management of the ET tube). Antibiotics should be offered to close contacts if their exposure occurred during the one week before the onset of symptoms in the index case patient until the time the index case is placed in respiratory isolation. Time is of the essence—ideally, prophylaxis should be started within 24 hours of identification of the index case. All regimens are highly effective (90-95%) in reducing nasopharyngeal carriage of *N. meningitidis*.

Seasonal Influenza Corner

Virginia 2007-08 Influenza Surveillance Activity Level for Week 47 (as of 11/24/07): Local

Virginia is reporting "Local" influenza activity, meaning increased influenza like illness (ILI) within a single region AND recent (within the past 3 weeks) lab evidence of influenza in that region. The Central Region, of which Henrico is a part, is reporting increased activity and one positive flu DFA test (type B). See: <http://www.vdh.virginia.gov/Epidemiology/Surveillance/Influenza/index.htm> Our local-area Infection Control Practitioners (ICPs) and private providers have submitted reports of positive rapid flu tests totaling six cases of influenza (4 type A, 2 untyped) from the Henrico zip codes of 23060, 23223 and 23226. **Please continue to report the number of lab confirmed cases of influenza to the health department weekly on an Epi-1 form (fax to 804-501-4232).** If available, report the type of influenza, as well as a tally of the patients' zip codes, and the time frame. Thank you!

Pandemic Flu - ALERT PHASE: 3

Pandemic/Avian Flu Update: Human Cases— Two new cases were reported in Indonesia this past month, bringing the total number of human H5N1 cases for YTD 2007 to 72, of which 48 were fatal. The overall case fatality rate for 2003-2007 is 61.5% (206 deaths / 335 cases).

Education and Training

Satellite Broadcast - CDC will be broadcasting "Surveillance of Vaccine Preventable Diseases" on 12/13/2007 from 12:00 Noon to 3:30 PM. This broadcast will cover case investigation, outbreak control, and disease reporting for vaccine-preventable diseases. You can access the webcast version at: <http://www2a.cdc.gov/phtn/>.

Emergency Preparedness

Operation H-FIVE – Our thanks to the Henrico County residents and MRC volunteers who helped us test our emergency plan to deliver vaccine to a targeted, culturally diverse population on November 29th. This drill included administering up to 300 doses of the 2007-08 seasonal flu vaccine over a 3-hour period at Dumbarton Elementary School. Participants received the vaccine free of charge during this exercise.

Environmental

Rabies- There has been some confusion about information the CDC released in September regarding elimination of the canine variant of rabies in the US. Dogs can STILL get rabies, including the raccoon, skunk or bat variants of the virus. In Virginia, four dogs recently tested positive for the raccoon variant of rabies. Rabies is ever-present in wildlife and can be transmitted to dogs or other pets. Humans that are bitten by dogs should still be assessed by the local health department to determine if post-exposure prophylaxis is necessary. *Please call the health department at 501-4522 during normal business hours, or 866-531-3068 outside normal business hours, if you have questions about rabies PEP.*

Please see the following links for more information:

http://www.cdc.gov/news/2007/09/canine_rabies.html

<http://www.vdh.state.va.us/Epidemiology/DZEE/Rabies/>

Prepared by Henrico Health District:

Mark J. Levine, MD, MPH

Brooke Rossheim, MD, MPH

J. Rebecca Early, MPH

Steven Parker, BS

District Health Director

Public Health Fellow

District Epidemiologist

District Emergency Planner

Tel: (804) 501-4522 Fax: (804) 501-4232

Emergency Number: 1-866-531-3068

<http://www.vdh.virginia.gov/LHD/henrico/>